

Exhibit Booth Contract

10th Annual Army Force Health Protection Conference
The Galt House Hotel and Suites – Louisville, KY
Conference: 5-10 August 2007
Exhibit Hall: 8-9 August 2007

1. Print or type ALL information below.

List the name and contact information of the **EXHIBITING COMPANY** as you want it to appear in all promotional pieces.

Company/Organization Name:

Street/P.O. Box:

City:

State:

Zip:

Main Telephone:

Main Fax:

http://www.

2. Print or type ALL information below.

List the name and contact information of the **CONTACT PERSON** or **RECIPIENT** of all conference materials.
(e.g., exhibitor kit, conference updates, etc.).

Contact Name:

Title:

Street/P.O. Box:

City:

State:

Zip:

Direct Telephone:

Direct Fax:

Email:

3. Print or type a maximum of three (3) names and titles of booth representatives.

All exhibit booth representatives are registered in advance when the contract is submitted.

Name:

Title:

Telephone:

Fax:

Email:

Name:

Title:

Telephone:

Fax:

Email:

Name:

Title:

Telephone:

Fax:

Email:

2007 Force Health Protection Conference - Exhibitor Contract

For more information, contact Theresa Blaner at 410.573.0080 or theresa.blaner@nmrconsulting.com.

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Send completed forms to: NMR Consulting
201 Defense Highway, Suite 200
Annapolis, MD 21401
Fax: 410.573.0024

4. List your booth space choices. Available spaces can be seen by accessing the Floor Plan.
(Note: Spaces are assigned on a first-come, first served basis.)

First Choice:

Second Choice:

Third Choice:

5. Provide your company/organization product/service description below.

All or part of the description will be used in the development of promotional materials. Deadline is May 01, 2007.
Please use additional page(s) if necessary.

6. Check the appropriate booth package category below.

Each booth package consists of a 10' x 10' space with 8' high background drape, 3' high side drape, 7" x 44" identification sign, (1) 8' x 2' x 30" (h) skirted table, (2) folding chairs, and (1) wastebasket. Other requirements (such as electricity) can be purchased through the decorator, the Geo. Fern Co., who will send a separate Exhibitor Service Package.

Commercial Vendors:

☐ I want to reserve: ____ 10'x10' booth (s) at
\$16.00 per square foot.

Military or Non Profit Vendors:

☐ I want to reserve: ____ 10'x10' booth (s) at
\$11.00 per square foot.

A nonrefundable 50 % deposit is required with this application. No reservations will be accepted without a deposit or full payment. Applications submitted after June 1, 2007 must be accompanied by full payment. Cancellations made after June 1, 2007 are non-refundable.

7. Indicate your method of payment.

We can not accept American Express or Discover cards at this time. Check, Visa and MasterCard are accepted.

☐ Check enclosed, made payable to NMR Consulting

☐ Visa

☐ MasterCard

Card Number: _____ Expires (month/year): _____

Cardholder's Signature: _____ Date: _____

Checks: Mail completed form with check - made payable to NMR Consulting, Inc. - to: NMR Consulting at 201 Defense Highway, Suite 200, Annapolis, MD 21401.

Credit Cards: Mail or fax completed form with credit card information to 410.573.0024. Once processed, receipt of payment will be sent to the contact person listed in section 2.

8. Please sign and date on the line below.

The rules and regulations printed in the Exhibitor Package shall constitute part of this contract, and the Exhibitor agrees to abide and conform thereto.

Photography: By completing and signing this Exhibit Booth Contract, the Exhibitor hereby releases any photographs to the U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM) that may be incidentally taken during the 10th Annual Army Force Health Protection Conference, to be used for any purpose.

Booth Deposits and Payments: Any cancellation made before June 1, 2007 will result in forfeiture of 50% of the total exhibit fee. Any cancellation made after June 1, 2007 will result in forfeiture of 100% of the total exhibit fee.

Responsibility Clause for Exhibits: Exhibitor assumes responsibility and agrees to indemnify and defend the Army Force Health Protection (NMR, Inc. and the hosting organization) and their respective employees and agents against any claims or expenses arising out of the use of the exhibition premises. The Exhibitor understands that the Army Force Health Protection (NMR, Inc. and the hosting organization) does not maintain insurance covering the Exhibitor's property and it is the sole responsibility of the Exhibitor to obtain insurance.

Signature: _____ **Date:** _____